



## UNITED STATES PATENT AND TRADEMARK OFFICE

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Bib Data Sheet

CONFIRMATION NO. 5575

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>09/814,251 | <b>FILING DATE</b><br>03/21/2001<br><b>RULE</b> | <b>CLASS</b><br>607 | <b>GROUP ART UNIT</b><br>3762 | <b>ATTORNEY<br/>DOCKET NO.</b><br>P-8777 |
|------------------------------------|---|---------------------|-------------------------------|--|

## APPLICANTS

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Bruce D. Gunderson, Plymouth, MN;  
Jeffrey M. Gillberg, Coon Rapids, MN;  
Walter H. Olson, North Oaks, MN;

## \*\* CONTINUING DATA \*\*\*\*\*

THIS APPLN CLAIMS BENEFIT OF 60/191,075 03/21/2000

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/27/2001

|   |                           |                        |                      |                            |
|---|---------------------------|------------------------|----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>MN | SHEETS<br>DRAWING<br>4 | TOTAL<br>CLAIMS<br>5 | INDEPENDENT<br>CLAIMS<br>1 |
| 35 USC 119 (a-d) conditions<br>met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance |                           |                        |                      |                            |
| Verified and<br>Acknowledged<br>Examiner's Signature <i>Shane P. O'Keefe</i> Initials <i>HO</i>   |                           |                        |                      |                            |

## ADDRESS

GIRMA WOLDE-MICHAEL  
Medtronic, Inc.  
MS 301  
7000 Central Avenue NE  
Minneapolis, MN 55432

## TITLE

Method and apparatus for detection and treatment of tachycardia and fibrillation

|                                       |   |   |
|---------------------------------------|---|---|
| <b>FILING FEE<br/>RECEIVED</b><br>840 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                                 |
|                                       |   | <input type="checkbox"/> 1.16 Fees ( Filing )                     |
|                                       |   | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time ) |
|                                       |   | <input type="checkbox"/> 1.18 Fees ( Issue )                      |
|                                       |   | <input type="checkbox"/> Other _____                              |
|                                       |   | <input type="checkbox"/> Credit                                   |